

SAMPLE MAPPINGS FOR NEBRASKA FORM 86: COMPRESSED FUEL RETAILER RETURN

TRANSACTION SET HEADER EXAMPLE #1

Notes: Please reference the attached sample form to compare to this EDI mapping.

The Header contains only required data from the Form 86. This includes Line 8, identification, and address information. Other line items are either in the Detail portion or are not captured.

```
1  ST~813~0001\  
2  BTI~T6~NE86~47~NE16~20000219~ECH(space)~24~479876543~49~0998876~~~00~\  
3  DTM~194~20000131~~~\  
4  TIA~5067~~1000\  
5  TIA~5025~~~408\  
6  N1~TP~ECH OIL & PROPANE CO\  
7  N3~2400 FUEL CIRCLE~\  
8  N4~ANYWHERE~NE~68222~US\  
9  PER~TP~ROBERT WESLEY~TE~4025550539~~~~\
```

FORM 86: TRANSACTION SET DETAIL EXAMPLE #1

Notes: The Detail contains required data from the Form 86. There are three columns shown on the face of the form. Data is captured from these columns for Lines 1, 2, 3, and 4 only. A TFS segment loop contains all the remaining data from the Form 86 not captured in the Header. Three FGS loops capture the columnar data for each detail line.

```
10 TFS~T2~NE86\  
11 FGS~86C1~PG~54\  
12 TIA~5058~~~10000~GN\  
13 TIA~5064~~~2500~GN\  
14 TIA~5037~~~1800~GN\  
15 TIA~5065~~~50~GN\  
16 FGS~86C2~PG~224\  
17 TIA~5058~~~8000~GN\  
18 TIA~5064~~~1500~GN\  
19 TIA~5037~~~1000~GN\  
20 TIA~5065~~~20~GN\  
21 FGS~86C3~PG~225\  
22 TIA~5058~~~3000~GN\  
23 TIA~5064~~~1100~GN\  
24 TIA~5037~~~500~GN\  
25 TIA~5065~~~10~GN\
```

FORM 86: TRANSACTION SET DETAIL EXAMPLE #1

Notes: The Trailer “SE” segment counts the number of segments within the ST-SE loop, including the ST and SE. The SE also contains a control number that ties it to the ST.

```
26 SE~26~0001\  

```



Federal Employer Identification Number 47-9876543 Tax Period January 2000 Nebraska Identification Number 9988776

If your payment is being made by Electronic Funds Transfer, check here. ☐

ECH OIL & PROPANE CO
2400 FUEL CIRCLE
ANYWHERE NE 68522

ECH OIL & PROPANE CO
2400 FUEL CIRCLE
ANYWHERE NE 68522

Nebraska Compressed Fuel Retailer Return

• Read instructions below

FORM ▲

86

PLEASE DO NOT WRITE IN THIS SPACE

☐ Check this box to **CANCEL**.
Attach license and indicate effective date _____.

• **ROUND TO WHOLE GALLONS AND DOLLARS. Round down all amounts less than .50 and round up all amounts .50 through .99.**

		COLUMN 1 PROPANE	COLUMN 2 CNG	COLUMN 3 OTHER
1 Total gallons of fuel sold in Nebraska for all purposes	1	10,000	8,000	3,000
2 Total gallons of fuel reported on line 1 sold for use in a licensed motor vehicle	2	2,500	1,500	1,100
3 Total gallons of fuel reported on line 2 sold to federal agencies	3	1,800	1,000	500
4 Total gallons of fuel reported on line 2 sold on a Nebraska Indian Reservation to Native Americans	4	50	20	10
5 Total exempt gallons (line 3 plus line 4)	5	1,850	1,020	510
6 Total gallons subject to tax (line 2 minus line 5)	6	650	480	590
7 Total taxable gallons (total of line 6, columns 1, 2, & 3)	7			1,720
8 Total fuel tax (line 7 multiplied by .241)	8			\$ 415 00
9 Commission (.0175 on first \$5,000 PLUS .0025 on excess over \$5,000)	9			7 00
10 Fuel tax due (line 8 minus line 9)	10			408 00
11 Previous balance	11			00
12 BALANCE DUE (line 10 plus line 11)	12			\$ 408 00

Under penalties of law, I declare that I have examined this return, and to the best of my knowledge and belief, it is correct and complete.

sign
here

Robert Wesley
Authorized Signature
Owner
Title

(402 555-0539)
Telephone Number
2-19-2000
Date

Signature of Preparer Other than Taxpayer
Address

()
Telephone Number
Date

INSTRUCTIONS

WHO MUST FILE. Every motor fuels retailer who sells compressed fuel is required to file a Nebraska Compressed Fuel Retailer Return, Form 86, each quarter for the first year of operation. **File only the original, preidentified return issued by the Motor Fuels Division.** If the name and address

is incorrect, mark through the erroneous information and plainly print the correct information.

WHEN TO FILE. This return is considered timely filed if postmarked on or before the 20th day of the month following

THIS RETURN IS DUE ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE TAX PERIOD INDICATED ABOVE.

Mail the original return to: **MOTOR FUELS DIVISION, P.O. BOX 98904, LINCOLN, NE 68509-8904**